

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>18962</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>THOMAS S SPARACIO</u> P.O. Box, Bldg., Room No., if any _____ Street <u>39 SONQUIL WAY</u> City <u>SICKLERVILLE</u> State <u>NEW JERSEY</u> ZIP Code + 4 <u>08081</u>	4. Name, file number, and address of labor organization. Name <u>CEMENT MASONS LOCAL 592</u> Labor Organization File Number <u>621294</u> P.O. Box, Building and Room Number, if any _____ Street <u>2511 SNYDER AVE</u> City <u>PHILADELPHIA</u> State <u>PA</u> ZIP Code + 4 <u>19145</u>
5. Position in labor organization. <u>BUSINESS REP.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-14-05
Date

1-800-221-7507
Telephone Number

Name of Person Filing THOMAS S. SPARACIO

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CEMENT MASONS BENEFIT FUNDSLU 592

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2315 S. 22ND ST.City PHILAState PA ZIP Code + 4 19145

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASONS BENEFIT FUNDSLU 592

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2315 S. 22ND ST.City PHILAState PA ZIP Code + 4 19145

11.a. Nature of such dealing.

YEAR END REVIEW OF FUNDS
12-20-04

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

DINNER / REVIEW12.b. Amount \$134.⁰⁰

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

THOMAS S. SPARACO

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

CHARTWELL INVESTMENT PARTNERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

1235 WESTLAKES DRIVE-SUITE 400

City

BERWYN

State

PA

ZIP Code + 4

19312-2416

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

CEMENT MASON'S BENEFIT FUNDS

L.U. 592

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

2315 S. 22nd ST.

City

PHILA

State

PA

ZIP Code + 4

19145

11.a. Nature of such dealing.

PROVIDE INFORMATION FOR BENEFIT
FUND ON 4-22-04

11.b. Approximate dollar value of such dealing. \$45,916.95

12.a. Nature of interest held or income received.

DINNER / Review

12.b. Amount \$153.54

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing THOMAS S. SPARACIO

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CHARTWELL INVESTMENT PARTNERS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1235 WESTLAKE DRIVE SUITE 400City BERWYNState PA ZIP Code + 4 19312

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASONS BENEFITS FUND
L.U. 592

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2315 S. 22nd ST.City PHILAState PA ZIP Code + 4 19145

11.a. Nature of such dealing.

PROVIDE INFO FOR BENEFIT FUND
11-04-0411.b. Approximate dollar value of such dealing. \$45,916 yr

12.a. Nature of interest held or income received.

DINNER/REVIEW
11-04-0412.b. Amount. \$189.09

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>THOMAS S. SPARACIO</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>LORD ABBETT</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>90 HUDSON ST</u></p> <p>City <u>JERSEY CITY</u></p> <p>State <u>N.J.</u> ZIP Code + 4 <u>07302-3973</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p>c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>CEMENT MASON'S LOCAL UNION 592</u></p> <p><u>BENEFIT FUNDS</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>2315 S. 22ND ST.</u></p> <p>City <u>PHILA</u></p> <p>State <u>PA</u> ZIP Code + 4 <u>19145</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>PROVIDE INFO FOR BENEFIT FUNDS</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>\$108,627 yr</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>DINNER/REVIEW MEETING</u></p> <p><u>10-14-04</u></p> <hr/> <p>12.b. Amount <u>\$130.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>

Name of Person Filing <u>THOMAS S. SPARACIO</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name OLD GLORY ASSET MANAGEMENT LLC

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 5 GREAT VALLEY DR SUITE 326

City MALVERN,

State PA ZIP Code + 4 19355

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASONS 592

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2315 S. 22ND ST

City PHILA

State PA ZIP Code + 4 19145

11.a. Nature of such dealing.

DINNER/REVIEW

11.b. Approximate dollar value of such dealing. \$47,389.⁰⁰

12.a. Nature of interest held or income received.

12.b. Amount \$68.⁰⁰

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INDEPENDENCE BLUE CROSS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1901 MARKET STCity PHILAState PA ZIP Code + 4 19103-1485

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name CEMENT MASONS LOCAL 592 TRUST FUNDS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2315 So. 22ND STCity PHILAState PA ZIP Code + 4 19145

11.a. Nature of such dealing.

HEALTH INSURANCE Provider
to membership11.b. Approximate dollar value of such dealing. 2,897,267.72

12.a. Nature of interest held or income received.

9-18-04 PHILLIES TIX 90.00

12.b. Amount

90.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.